Dealing with a Difficult Learning Situation Objectives

*Discuss* common problematic behaviors in learners

*Identify* strategies to prevent or approach difficult learning encounters

*Utilize* SOAP as an approach to problem interactions with learners using simulated scenarios

Related Resident Evaluation Items

- Clearly communicated roles and expectations.
- Provided prompt constructive feedback.
- Was a positive role-model for professional practice and behaviors.

Summary of Problematic Behaviors & Strategies


<table>
<thead>
<tr>
<th>Type of problem</th>
<th>Description of problems</th>
<th>Intervention/Plan</th>
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</thead>
<tbody>
<tr>
<td>Frequently encountered and difficult to manage</td>
<td>• Bright with poor interpersonal skills</td>
<td>• Address student directly</td>
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<td></td>
<td>• Excessively shy, non-assertive</td>
<td>• Contact clerkship director</td>
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<td></td>
<td></td>
<td>• Role model appropriate behaviors</td>
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<tr>
<td>Frequently encountered and not difficult to manage</td>
<td>• Poor integration skills</td>
<td>• Assignments/reading</td>
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<td></td>
<td>• Over-eager</td>
<td>• Clinical reasoning cases</td>
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<td></td>
<td>• Cannot focus on what is important</td>
<td>• Provide feedback</td>
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<td></td>
<td>• Disorganized</td>
<td>• Link tasks on your service to learner’s area of interest</td>
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<td></td>
<td>• Disinterested</td>
<td>• Monitor performance</td>
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<td></td>
<td>• A poor fund of knowledge</td>
<td>• Directed reading</td>
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<td></td>
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<td>• Attendance at local conferences (M&amp;M, morning report, etc.)</td>
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<td></td>
<td></td>
<td>• Send to academic support</td>
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<tr>
<td>Not frequently encountered and difficult to manage</td>
<td>• Cannot be trusted</td>
<td>• Contact clerkship director</td>
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<td></td>
<td>• A psychiatric problem</td>
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<td></td>
<td>• A substance abuse problem</td>
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<td></td>
<td>• “Con artist” (manipulative)</td>
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Advancing Clinical Teachers a Resident as Teacher program offered by UCF Faculty Development
Director Andrea Berry, MPA, Assistant Director Monica Bailey, MA, Coordinator Angie Griffin and Admin Assistant Liz Ivey
### Not frequently encountered and not difficult to manage

- Hostile
- Rude
- Too casual and informal
- Avoids work
- Does not measure up intellectually
- Avoids patient contact
- Does not show up
- Challenges everything
- All thumbs

- Address student directly (learning prescription)
- Contact clerkship director
- Monitor performance/attendance
- Provide feedback
- Learner contract

### Familiar Analogy

<table>
<thead>
<tr>
<th>Prevention</th>
<th>Early detection</th>
<th>Management</th>
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</thead>
<tbody>
<tr>
<td>Set expectations</td>
<td>Pay attention to clues and intuition</td>
<td>Seek help from the clerkship or program director</td>
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<tr>
<td>Orient the student well</td>
<td>Don’t wait</td>
<td>Communicate your concerns</td>
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<tr>
<td>Re-assess halfway through the rotation</td>
<td>Give specific feedback and monitor</td>
<td>Assess fairly – be completely honest in your evaluation of the student</td>
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</table>

### Primary Prevention

- Set expectations
- Orient the student well
- Re-assess halfway through the rotation

### Early Detection

- Pay attention to clues and intuition
- Don’t wait
- Give specific feedback and monitor
- Initiate SOAP

### Management

- Seek help from the clerkship or program director
- Communicate your concerns
- Assess fairly – be completely honest in your evaluation of the student

### SOAP – An Approach to Problem Interactions

**Subjective or Chief Complaint – Based off of:**

- Personal observations
- Other’s observations
- Student’s perception
Objective – Identification of specific behaviors. For example:

- 20 minutes late to office 4 out of 5 days
- Took forty minutes to assess patient with cold
- Spoke harshly to receptionist when asking to schedule follow-up appointment with Mrs. X
- Unable to recall info on symptoms of UTI on Wed. after review on Tuesday

Assessment – Identification of what caused the problem

- Cognitive – different levels of knowledge or skill, learning disability, lack of interest
- Affective – nervousness, anxiety, depression, anger, fear
- Misalignment of values – the learner may expect a light workload or personal/religious values and principles interfere with expectations
- Environment – shift in type of service (inpatient v. outpatient), well-defined patient population to undifferentiated population
- Medical – you should not try to diagnose your student however you may observe behaviors that could be linked to a medical reason such as eating disorders, substance abuse, psychosis

Plan – Determine your next steps

- Gather more data
- Intervene
- Get help…..not last resort

Think about your contributions to the problematic interaction

- Unexpected life events
- Personality clash
- Ask yourself:
  - Is the presence of the learner preventing you from doing what needs to be done?
  - Are your issues seriously affecting the education of the learner?

References


